## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS



## **Department of Labor and Training** BOARD OF FIREFIGHTER'S RELIEF 1511 Pontiac Avenue Cranston, Rhode Island 02920-4407



## ONE TIME DEATH BENEFIT FOR FIREFIGHTER WHO DIED IN THE LINE OF DUTY

Include a Line of Duty statement from the fire department and an original death certificate.

CLAIMANT SOCIAL SE	CURITY #:			CLAIMANT DATE OF BIRTH:			
CLAIMANT PHONE NUI	MBER:						
NAME OF DECEASED FIREFIGHTER			Street	Street City/Town Str		tate Zip	
Birthplace: City/Town	State	Date	ASSIGNMENT		Station	Other	
FIRE DEPARTMENT Name and a	Address	PERM V	/OL CALL (Please choose		RS OF SERVICE	FROM TO	
LOCATION OF FIRE OR DI	ESCRIPTION/CAU	JSE OF INJURI	ES AND CIRCUMST	FANCES CAUSING [	DEATH		
PLEASE LIST CHILDRE			(If you need addit	tional lines please			
Name	BI	irth Place	IVIONUN	/Day/Year of Birth	Male/F	emale 	
2							
3							
Name and Address of Attending	Physician at time o	of Death					
Date and Cause of Death							
I, THE UNDERSIGNED, HEREBY APPLY FOR BENEFITS UNDER THE PROVISIONS OF R.I. LAW TITLE 45-19 AND CERTIFY ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND CORRECT.			PERSON	ON THIS DATE, THE CLAIMANT HERE SIGNED PERSONALLY APPEARED BEFORE ME AND UNDER OATH SAID THAT ALL STATEMENTS ARE TRUE AND COMPLETE.			
SIGNATUR	RE OF CLAIMANT			SIGNATURE NOTARY	PUBLIC OR JUSTICE OF	THE PEACE	
STREET ADD	RESS OF CLAIMANT		IN	COUNTY	ON THIS MON	TH DAY YEAR	
CITY/TOWN STATE A	ND ZID CODE OF CL	ALMANIT			SEA	<u> </u>	